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Operator Project #	P	ostmark		D	ate Received			Notification #	
I. Type of Notification (check one		e): 🗸 Original			Revised Can		celed		
II. Facility Description									
Building Name: Rodgers Liquor Company Address: 960 Broadway									
City: Albany	advay	Str	ate: NY		Zip Code:	122	207	County: Alban	·
	ement, first, se				Zip Code.	1 200.000		County: Alban	<u>, </u>
	Site Location : Basement, first, second and third floors Building Size (square feet): 55000 # of Floors: 4 Age in Years: +60								
	Building Size (square feet): 55000 # of Floors: 4 Age in Years: +60 Present Use: vacant Prior Use: warehouse								
III. Type of Oper	ation (check one	e): Demo	Ordered De	emo	✓ Renovati	ion	Emergenc	y Renovation	Fire Training
THE RESERVE OF THE PERSON NAMED IN	resent? (check o		□ No						
V. Facility Info	ormation								
	e: Abar Cons								
	8 Troy Schen	ectady Road							
City: Lath								p Code: 12110	
						9-26	502	Fax:	
		: Magnum Env	rironmental	Ser	vices				
	O Box 1054		***						
City: Troy	City: Troy State: NY Zip Code: 12181								
	Contact: Edward Jubic Telephone: (518) 813-9386 Fax: (518) 207-9050							7-9050	
Other Operator (demolition/general):									
Address:									
	City: State: Zip Code:								
Contact:	Contact:								
VI. Procedure, inc	cluding analytic	al methods, empl	oyed to dete	ct th	e presence of	and	to estimate th	e quantity of RA	CM and
Category I and Category II non-friable ACM:									
									I
VII. Approximate Amount of Asbestos Materials:									
	Same Pro-			N	on-friable Asi	besto	os Material	Non-friable As	bestos Material
	RACM to be Removed		to be Removed		ved	NOT to be Removed			
				(Category I	(Category II	Category I	Category II
Pipes (linear feet)									
Surface Area (square	feet)			44,000					
Facility Components	(cubic feet)								
VIII. Scheduled Da	VIII. Scheduled Dates Demolition or Renovation: Start: Complete:								
IX. Dates for Asb	estos Removal ((MM/DD/YY)	Start: 0	9/19	9/16		Complete	: 06/30/17	
Days of the Week:						Friday	Saturday	Sunday	
Hours of Operation:	7-5	7-5		7-5		7-5			
							-		

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:							
XI.	Description removal a	on of work practices and engineering controls to be and waste handling emission control procedures:	used to comply	y with the requiremen	nts, including asbestos			
XII.	Waste Tr	ansporter #1						
	Name:	Action Waste						
	Address:	PO Box 181						
	City:	West Sand Lake	State:	NY	Zip Code: 12196			
	Contact:	Dian Rich	Telephone:	(518)788-6726				
		ransporter #2						
	Name:							
	Address: City:							
	Contact:		State:		Zip Code:			
XIII.	Waste Dis	snasal	Telephone:	()				
28444.	Name:	Albany Landfill						
	Address:	Rapp Road						
	City:	Albany	State:	NIV	7in Code: 40000			
	Contact:	Albany	Telephone:		Zip Code: 12203			
XIV.	Emergence	cy Demolition (complete Item XIV only if this project		, ,				
	1. A	ttach a copy of the Order to this notice.		•				
		ame of Authority Issuing Order:		Title:				
		uthority of Order (Citation of Code):						
XV.		4. Date of Order (MM/DD/YY): Date Ordered to Begin Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)						
AV.		ate and Hour of the Emergency:	ng information	if project is Emergence	y Renovation.)			
		2. Description of the Sudden, Unexpected Event:						
	3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.							
XVI.	Description crumbled,	on of procedures to be followed in the event that und pulverized, or reduced to powder.	expected RAC	M is found or non-fri	iable ACM becomes			
XVII.	, <u>I</u>	nat an individual trained in the provisions of NESHA Demolition or Renovation, and evidence that the requality values are the sequence of the provisions of NESHA values of NESHA	AP (40 CFR PA uired training	has been accomplishe	f) will be on -site during the ed by this person will be Orbee Present International Pr			
		Signature of Owner/Operator	/ Date	Type or Pr	int Name and Title			
XVIII.	I acknowl	edge the existence of laws prohibiting the submission ontained in this notification are true, accurate, and	on of false or m complete.		and I certify that facts July: Pare 5 int Name and Title			
		Signature of Owner/Operator	/ Bate	Type or Pr	int Name and Title			

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Operator Project #	Postmark	Date Received			Notification #			
I. Type of Notification (check of	one):	✓ Original Revised			Canceled			
II. Facility Description								
Building Name: None Address: 126 4th Street								
Т	Ct	oto, NY	7:- C- 1-	12180	County: Renss	olaor		
City: 1roy Site Location: 2 & 3 and 4 floors		ate: 141	Zip Code:	12100	County: Keriss	elael		
Building Size (square feet): 15000		#	of Floore: 4		A :- V +6	<u> </u>		
Present Use: vacant	Tigo in Touts.							
III. Type of Operation (check on								
IV. Is Asbestos Present? (check	one): Yes	☐ No						
V. Facility Information				A STATE OF THE STA				
Owner Name: Machese								
Address: 99 Congress St								
City: Troy								
Contact:					Fax:			
Removal Contractor Name	: Magnum Env	/ironmental	Services					
Address: PO Box 1054								
City: Troy								
	Contact: Edward Jubic Telephone: (518) 813-9386 Fax: (518) 207-9050							
Other Operator (demolition/general):								
Address:								
	City: State: Zip Code:							
Contact:								
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and								
Category I and Category II non-friable ACM:								
VII. Approximate Amount of Asbestos Materials:								
		Non-friable Asi	SCHOOL SECTION AND ADVISOR SCHOOL SECTION SECT					
	RACM to be	RACM to be Removed		emoved	NOT to be Removed			
D' (1' - 0 t)				Category II	Category I	Category II		
Pipes (linear feet)								
Surface Area (square feet)			5,000	600				
Facility Components (cubic feet)								
VIII. Scheduled Dates Demolition or Renovation: Start: Complete:								
IX. Dates for Asbestos Removal	(MM/DD/YY)	Start: 0	9/19/16	Complete	: 06/30/17			
Days of the Week: Monday	Tuesday	Wednesda	y Thursday	Friday	Saturday	Sunday		
Hours of Operation: 7-5 7-5 7-5 7-5								

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X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:							
XI.	removal a	on of work practices and engineering controls to be and waste handling emission control procedures:	used to comply	y with the requireme	nts, including asbestos			
XII.	Waste Tr	Waste Transporter #1						
	Name:	Action Waste						
	Address:	PO Box 181						
	City:	West Sand Lake	State:	NY	Zip Code: 12196			
	Contact:	Dian Rich	Telephone:	(518)788-6726	(Scholenkar ver)			
-	Waste Tr	ansporter #2						
	Name:							
	Address:							
	City:		State:		Zip Code:			
	Contact:		Telephone:	()	-			
XIII.	Waste Dis	sposal						
	Name:	Albany Landfill						
	Address:	Rapp Road						
	City:	Albany	State:	NY	Zip Code: 12203			
	Contact:		Telephone:		12200			
XIV.	Emergenc	cy Demolition (complete Item XIV only if this project	is an Emergenc	ey Demo.)				
	1. Attach a copy of the Order to this notice.							
	2. Name of Authority Issuing Order: Title:							
	3. Authority of Order (Citation of Code):							
	4. Date of Order (MM/DD/YY): Date Ordered to Begin							
XV.	Emergenc	ex Renovation (Attach separate sheet with the following	ng information	if project is Emergence	y Renovation.)			
		ate and Hour of the Emergency:						
		escription of the Sudden, Unexpected Event: xplanation of how the event caused unsafe conditions o	aguinment de		1.1 . 6 1.11 1			
	J. 2	iplantation of now the event caused unsafe conditions o	г ециринент ча	mage or an unreasona	ble financial burden.			
XVI.	crumbled, pulverized, or reduced to powder.							
XVII.		hat an individual trained in the provisions of NESHA Demolition or Renovation, and evidence that the requestion and evidence that the requestion and evidence that the requestion of the second of the	uired training Output	has been accomplished Language Type or Pr	ed by this person will be Jobie Pais. rint Name and Title			
XVIII.	I acknowle	edge the existence of laws prohibiting the submission and in this notification are true, accurate, and Signature of Owner/Operator	on of false or m complete.	Enum J.	s, and I certify that facts Mes Tint Name and Title			